2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 662998

Entity Name: S. ANTHONY WOLFE, M.D., P.A.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1444 N.W. 14TH AVENUE 6280 SUNSET DRIVE # 400 MIAMI, FL 33125 SOUTH MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

1444 N.W. 14TH AVENUE 6280 SUNSET DRIVE # 400 SOUTH MIAMI, FL 33143 MIAMI, FL 33125

FEI Number: 59-2002310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLFE, S. ANTHONY MD WOLFE, S. ANTHONY MD 1444 N.W. 14TH AVENUE 6280 SÚNSET DRIVE # 400 MIAMI, FL 33125 SOUTH MIAMI, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 02/07/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

(X) Change () Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete WOLFE, S. ANTHONY, M, D., P.A. WOLFE, S. ANTHONY, M, D., P.A. Name: Name: 1444 N.W. 14TH AVE 2ND FLOOR Address: 6280 SUNSET DRIVE # 400 Address:

City-St-Zip: MIAMI, FL 33125 City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S ANTHONY WOLFE MD DP 02/07/2005